

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>PA</i>	<i>70561</i>	<i>9/24</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>79</i>	<i>02-001</i>
<b>FORMALITY REVIEW</b>		<i>69652</i>	<i>11/15/00</i>
<b>RESPONSE FORMALITY REVIEW</b>		<i>71676</i>	<i>11/16/00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	<i>5/3/00</i>
1	✓
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5	✓
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10	✓
11	✓
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18	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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